MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

16883

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: KENT; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ROCK HALL; LENGTH OF STAY (in this place): LIFE; HOSPITAL OR INSTITUTION OR STREET ADDRESS: EDESVILLE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY: KENT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EDESVILLE, Md; STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) HARRIET (Middle) Angelo (Last) COTTON

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: DEC 4 1948

9. AGE last birthday: yrs. If under 1 year: Months 7, Days 27. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): KENT CO. Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wm. McKINLEY COTTON

14. MOTHER'S MAIDEN NAME: ADELE Virginia NICKES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NO

17. INFORMANT: Mc KINLEY COTTON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

491 Immediate cause (a) Broncho Pneumonia Bilateral

Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from 7/31 10 A.M. 1949, to 7/31 5 30 P.M 1949, that I last saw the deceased alive on 7/31, 1949, and that death occurred at 5 30 P. m., from the causes and on the date stated above.

SIGNATURE: Albert A. Burgard (Degree or title): M. D. ADDRESS: Rock Hall DATE SIGNED: 7/31/49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL DATE: Aug 2 1949 NAME OF CEMETERY OR CREMATORY: ~~SHARP TOWN~~ Edwards LOCATION (City, town, or county): KENT CO (State): Md.

DATE REC'D BY LOCAL REG. 8/1/49. REGISTRAR'S SIGNATURE: S. Elwood Burgess.

24. FUNERAL DIRECTOR: J. Willis WELLS ADDRESS: CHESTERTOWN MARYLAND

RECEIVED
AUG 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06882

CERTIFICATE OF DEATH

Reg. Dist. No. 2102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH · COUNTY Kent · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 1 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS High St.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural give location) High St.

3. NAME OF DECEASED (Type or Print) (First) Mamie (Middle) Baker (Last) Covey
4. DATE OF DEATH (Month) July (Day) 24, (Year) 1949

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 2, 1874
9. AGE last birthday 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Henry Baker
14. MOTHER'S MAIDEN NAME Mary Trew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No none
16. SOCIAL SECURITY NO. no
17. INFORMANT Mr. A. H. Covey - Chestertown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coma — 1 hour

331 / 83a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Hemorrhage — 1 hour

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 2

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-2 4-49, 19..., to 7-24-49, 19..., that I last saw the deceased alive on 7-24-49, 1949, and that death occurred at 5:45 P m., from the causes and on the date stated above.

SIGNATURE H. C. Simpers (Degree or title) ADDRESS Chestertown DATE SIGNED 7-25-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE July 26, 1949
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) (State) Chestertown, Maryland

DATE REC'D BY LOCAL REG. July 26-1949
REGISTRAR'S SIGNATURE Clara L. Barnes.
24. FUNERAL DIRECTOR J. Willis Wells
ADDRESS Chestertown, Maryland

RECEIVED
JUL 28 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06884

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY KENT; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETTERTON; LENGTH OF STAY (In this place) 64 YRS; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY KENT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETTERTON; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) LITTLETON (Middle) THOMAS (Last) CREW

4. DATE OF DEATH: (Month) JULY (Day) 19 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): MARRIED

8. DATE OF BIRTH: SEPT 17 1884

9. AGE last birthday: 64 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: WOODWORKING

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES T. CREW

14. MOTHER'S MAIDEN NAME: DORA DUREA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: —

17. INFORMANT: BESSIE B. CREW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

410 Immediate cause (a) Coronary Thrombosis

921 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral stenosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION ✓

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ✓

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ✓ (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from March, 1949, to July 19, 1949, that I last saw the deceased alive on July 19, 1949, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James Edwin Dedeman

ADDRESS: Box 19 Betterton, Md

DATE SIGNED: July 20/49

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): BURIAL

DATE THEREOF: JULY 22 1949

NAME OF CEMETERY OR CREMATORY: STILL POND

LOCATION (City, town, or county) (State): STILL POND MD

DATE REC'D BY LOCAL REG.: July 21-1949

REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: B.R. Fellows

ADDRESS: Still Pond, Md.

VS. A15

RECEIVED
JUL 25 1949
BUREAU T. B.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

06885

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY: Kent; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown; LENGTH OF STAY (In this place): 10 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent and Queen Anne's

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall; STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Sara (Middle) Elizabeth (Last) Elbourn

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 20, 1864

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harper's Ferry, W. Va.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Stephen Kendill

14. MOTHER'S MAIDEN NAME: Annie Rebecca Burch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Circulatory failure — 36 hours

550.1 Antecedent cause(s)

121 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Peritonitis — 15 days

(c) Ruptured appendix — 15 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senility

19a. DATE OF OPERATION: July 2 1949

19b. MAJOR FINDINGS OF OPERATION: Abscess in right lower quadrant

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-2-, 1949, to 7-12-, 1949, that I last saw the deceased alive on 7-12-49, 1949, and that death occurred at 9:55 P.m., from the causes and on the date stated above.

SIGNATURE: A C Sick (Degree or title): M.D. ADDRESS: Chestertown, Maryland DATE SIGNED: July 12 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 7/15-49 NAME OF CEMETERY OR CREMATORY: Wesley Chapel LOCATION (City, town, or county): Rock Hall (State): Md

DATE REC'D BY LOCAL REG.: July 14-1949 REGISTRAR'S SIGNATURE: Clara L. Barnes,

24. FUNERAL DIRECTOR: Edgar L Lane ADDRESS: Church Hill Md

RECEIVED
JUL 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06886

CERTIFICATE OF DEATH

Reg. Dist. No. 200

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Thomas (Last) Everett

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Jan 25 1870 | 9. AGE last birthday: 79 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming retired | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Samuel Thomas Everett | 14. MOTHER'S MAIDEN NAME: Joann Gill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service): — | 16. SOCIAL SECURITY No.: None | 17. INFORMANT: Mrs Susie Everett (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocardial insufficiency

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Neuro circulatory asthenia

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None | PLACE (Home, farm, factory, street, OF INJURY office hldg., etc.) — | (CITY OR TOWN) — | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 19, 1949, to July 24, 1949, that I last saw the deceased alive on July 24, 1949, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. H. Hamilton M. D. | ADDRESS Millington Md | DATE SIGNED July 26/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE July 27, 1949 | NAME OF CEMETERY OR CREMATORY Millington | LOCATION (City, town, or county) Millington | (State) Md.

DATE REC'D BY LOCAL REG. July 26, 1949 | REGISTRAR'S SIGNATURE Edward Fellows | 24. FUNERAL DIRECTOR Edward Fellows | ADDRESS Millington Md.

RECEIVED
JUL 30 1949
BUREAU V. S.

Redman

06887

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton — LENGTH OF STAY (in this place) 71 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Anne (Middle) — (Last) Gallagher
4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 3 1865
9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Mln.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeping
10b. KIND OF BUSINESS OR INDUSTRY: Garage
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? Kent
13. FATHER'S NAME: Patrick Gallagher
14. MOTHER'S MAIDEN NAME: Bridget Goodwin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no
16. SOCIAL SECURITY NO. —
17. INFORMANT: Clarence Newsome

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic pneumonia — 1 week

904.0 Antecedent cause(s) — 186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Possible intra-capsular fracture neck of femur 1 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinsonism 3 years.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ✓ / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Home (CITY OR TOWN) (COUNTY) Kent Co (STATE)

TIME OF INJURY (Month) 6 (Day) 13 (Year) 1949 (Hour) 9 am m. — INJURY OCCURRED While at Work ☐ Not While At work ☑ — HOW DID INJURY OCCUR? Fell missing chair

22. I hereby certify that I attended the deceased from Feb, 1946, to July 15, 1949, that I last saw the deceased alive on July 14, 1949, and that death occurred at Betterton Md m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

James Edwin Redman MD — Betterton Md. — July 16 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 7/18/49 — NAME OF CEMETERY OR CREMATORY Chester cemetery — LOCATION (City, town, or county) Chestertown (State) Md

DATE REC'D BY LOCAL REG. July 16-1949 — REGISTRAR'S SIGNATURE Clara L. Barnes. — 24. FUNERAL DIRECTOR — ADDRESS B R Hellows

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 16 1949
BUREAU V. S.

atwell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06888

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Kent Co Kennedyville Rural MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Kennedyville
LENGTH OF STAY (in this place): 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Rural Kennedyville Md COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Kennedyville Md
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Mrs Henrietta (Middle) Smith (Last) Geary

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 11 1873

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Home Work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cecil Co Cecilton md.

12. CITIZEN OF WHAT COUNTRY?: yes

13. FATHER'S NAME: James H Smith

14. MOTHER'S MAIDEN NAME: Francis Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Ralph Geary. Kennedyville md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Endocarditis	
594 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Interstitial Nephritis	
	(c) Arterial Sclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24 19 49, to ....., 19....., that I last saw the deceased alive on July 24, 19 49, and that death occurred at 11.30 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. P. Atwell	M. D.	Still Pond md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 27/49	Still Pond md	Still Pond, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 26-1949	Clara L. Barnes.	B R Fellows	Still Pond, Md.

RECEIVED
JUL 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06889

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 202

1. PLACE OF DEATH · COUNTY: Kent · STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
LENGTH OF STAY (In this Place): One hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent and Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Earl James (Middle) (Last) Joiner

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 26 1927

9. AGE last birthday: 22 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: General Hauling

11. BIRTHPLACE (State or foreign country): Rock Hall Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Earl Joiner

14. MOTHER'S MAIDEN NAME: Clara M Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 218-20-8283

17. INFORMANT: William Earl Joiner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
835.5 Immediate cause	(a) Fracture Skull	1-1/2 hours
170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Auto Accident	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ * CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway
(CITY OR TOWN): Near Rock Hall Md. (COUNTY): Kent (STATE):
TIME (Month) (Day) (Year) (Hour) OF INJURY: July 26 1949 m.
INJURY OCCURRED While at work ☑ Yes Not while at work ☐
HOW DID INJURY OCCUR? Auto Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Ralph Hing M.D. (Degree or title): Deputy Medical Exam. Kent Co Md. ADDRESS: Chestertown Md. DATE SIGNED: Jan 24/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: July-28-1949
NAME OF CEMETERY OR CREMATORY: Wesley Chapel
LOCATION (City, town, or county) (State): Rock Hall Maryland

DATE REC'D BY LOCAL REG.: July 28-1949
REGISTRAR'S SIGNATURE: Clara L. Barnes.
24. FUNERAL DIRECTOR ADDRESS: Marvin V. Williams . Chestertown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06890

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (in this place) all life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring & Maple ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; STREET ADDRESS (If rural, give location) Co. Spring & Maple ave.

3. NAME OF DECEASED (Type or Print): (First) Maud (Middle) Henry (Last) Kemp.

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct 10 1863

9. AGE last birthday: 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeping

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Chester Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Henry Kemp

14. MOTHER'S MAIDEN NAME: Maria V. Nicholson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —

(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs. T. S. Bradley (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure — 422.1 — 2 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic cardiovascular disease — 938 — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1949, to 7-5, 1949, that I last saw the deceased alive on 7-5, 1949, and that death occurred at 6 a.m. (approximate), from the causes and on the date stated above.

SIGNATURE (Degree or title): R Scott Starr, M.D. ADDRESS: Chestertown DATE SIGNED: 7-5-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: July 7 1949 NAME OF CEMETERY OR CREMATORY: Chester LOCATION (City, town, or county) (State): Chestertown Maryland

DATE REC'D BY LOCAL REG.: July 6, 1949 REGISTRAR'S SIGNATURE: Clara S. Barnes

24. FUNERAL DIRECTOR: Marvin V. Williams ADDRESS: Chestertown

1948
82-
1863

RECEIVED
JUL 8 1949
BUREAU V. S.

06891

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester Town
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester Town
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles Albert (Middle) Lomax (Last)
4. DATE OF DEATH (Month) July (Day) 28 (Year) 1949
5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH April 17, 1934
9. AGE last birthday 15 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY General Labor
11. BIRTHPLACE (State or foreign country) Chester Town Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jas Earl Lomax
14. MOTHER'S MAIDEN NAME Mary Eliz Gibson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Jas Earl Lomax (Father)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning — Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Accidental

(c)

929.8
183

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Chester River (CITY OR TOWN) Chester Town (COUNTY) Kent (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) July 28, 1949 2:15 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Swimming & Drowned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE Frank Hines M.D. Dep. of Med Exam. (Degree or title) ADDRESS Chester Town Md. DATE SIGNED 7/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 1 1949
NAME OF CEMETERY OR CREMATORY Chesterton
LOCATION (City, town, or county) Chesterton Maryland (State)

DATE REC'D BY LOCAL REG. Aug. 1-1949
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams. ADDRESS Chesterton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06892

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galena
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Broadly N. N.Y. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 580 Empire Boulevard Broadly N.Y.

3. NAME OF DECEASED (Type or Print) (First) Jane (Middle) (Last) Oster
4. DATE OF DEATH (Month) July (Day) 15 (Year) 1949

5. SEX Mall
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 15 1904
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self employed Pickle
10b. KIND OF BUSINESS OR INDUSTRY Pickler
11. BIRTHPLACE (State or foreign country) Romania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Abraham Oster
14. MOTHER'S MAIDEN NAME Fanny unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Mae Oster (Wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured Frontal & Occipital skull including scapula — INTERVAL BETWEEN ONSET AND DEATH: Apparently immediate

816.5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170c

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Galena Cross Road (COUNTY) Kent (STATE) Md.
TIME OF INJURY (Month) July (Day) 11 (Year) 1949 (Hour) 6 a.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Collision with Truck at intersection

22. I hereby certify that I attended the deceased from No Medical attention last saw the deceased alive on ....., 19....., and that death occurred at 6 a.m. S.T., from the causes and on the date stated above.

SIGNATURE Frank W Lunth (Degree or title) Deputy Medical Advisor ADDRESS DATE SIGNED 7/11/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 12, 1949
NAME OF CEMETERY OR CREMATORY Montefiore Cemetery
LOCATION (City, town, or county) Lawrence Long Island (State) N.Y.

DATE REC'D BY LOCAL REG. July 11, 1949
REGISTRAR'S SIGNATURE Elizabeth J. Mulford local
24. FUNERAL DIRECTOR Edward Fellows ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
14
JUL 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06893

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
LENGTH OF STAY (In this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) Viola (Last) Stevens

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1949

5. SEX: fem.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov 6 1895

9. AGE last birthday: 53 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Rock Hall, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Thomas Beaton

14. MOTHER'S MAIDEN NAME: Eltha Beck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: daughter Mrs Viola Yerkie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) acute cardiac failure - pulmonary Edema

443 Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) chron Endo-Myocarditis decompensation

(c) Hypertensions, Paralysis of left side

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2/18, 1947, to 7/10, 1949, that I last saw the deceased alive on 7/10, 1949, and that death occurred at 1 15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Albert A. Burgard M.D.

ADDRESS: Rock Hall

DATE SIGNED: 7/10/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)

DATE: 7/13/49

NAME OF CEMETERY OR ~~CREMATORY~~: Wesley Chapel.

LOCATION (City, town, or county) (State): Rock Hall Kent Co. Md.

DATE REC'D BY LOCAL REG. 7/11/49

REGISTRAR'S SIGNATURE: S. Elwood Burgess

24. FUNERAL DIRECTOR: Edgar L. Lane.

ADDRESS:

RECEIVED
JUL 15 1949
BUREAU V. S.

06894

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Massey
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Massey
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) ALBERT (Middle) (Last) TESSEIN

4. DATE OF DEATH (Month) July (Day) 12 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Jan. 14, 1860
9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Chicago Ill.
12. CITIZEN OF WHAT COUNTRY? Wd

13. FATHER'S NAME Carnest Tessein
14. MOTHER'S MAIDEN NAME Sophia Beckman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs Frank Colmus No 10 Latmer Drive Wil. Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio Sclerotic Heart Disease

420.0

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arterio sclerosis

(c) Pul. Emphysema

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/12/48 19....., to 7/12/49 19....., that I last saw the deceased alive on 7/11, 1949 and that death occurred at 1 30 A.m., from the causes and on the date stated above.

SIGNATURE H. H. Hamilton (Degree or title) M.D. ADDRESS Millington Md DATE SIGNED 7/15/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 16 1949
NAME OF CEMETERY OR CREMATORY Clayton Burial Ground
LOCATION (City, town, or county) Clayton Farm Near Massey Md. (State)

DATE REC'D BY LOCAL REG. July 15 1949
REGISTRAR'S SIGNATURE Edward Fellows.
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 31 1943
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06895

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; MARYLAND; LENGTH OF STAY (in this place) 2 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Morgnec R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Nancy (Middle) Virginia (Last) Weatherly

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 1860

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wicomico Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Hitch

14. MOTHER'S MAIDEN NAME: Nancy Hearn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mr. Geo. Hitch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	3 weeks
Antecedent cause(s) Dieeases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	2 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the dieease or condition causing death.	Carcinoma-kind unknown-Right eyebrow	1 year

422.1
55e

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1, 1948, to 7/22, 1948, that I last saw the deceased alive on 7/22/48, 1949, and that death occurred at 8:40 P m., from the causes and on the date stated above.

SIGNATURE Robert Johnson (Degree or title) ADDRESS Chestertown, Md. DATE SIGNED 7/23/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE: July 25, 1949; NAME OF CEMETERY OR CREMATORY: Parsons Cem.; LOCATION (City, town, or county): Salisbury; (State): Md.

DATE REC'D BY LOCAL REG.: July 23-1949; REGISTRAR'S SIGNATURE: Claude L. Barnes

24. FUNERAL DIRECTOR: Hill & Johnson, Inc. ADDRESS: Salisbury Maryland

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JUL 30 1949
BUREAU T. S.